

# POLIO | GLOBAL ERADICATION INITIATIVE

## Polio Eradication - Status and Way forward

Polio Partners' Group Meeting, Geneva, 8 December 2017

Michel Zaffran, Director Polio Eradication, WHO

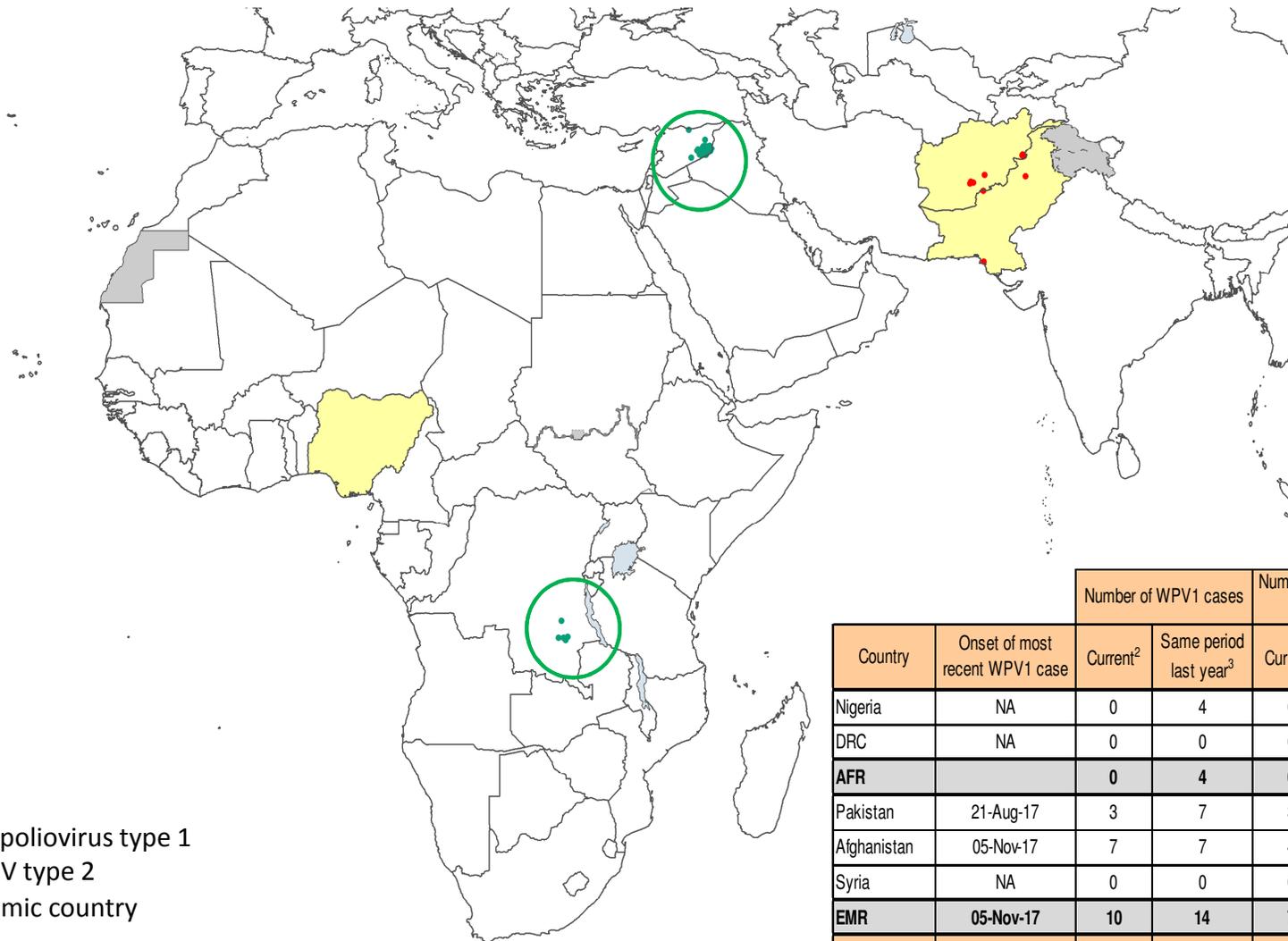
Akhil Iyer, Director Polio Eradication, UNICEF



BILL & MELINDA  
GATES *foundation*



# Wild Poliovirus & cVDPV Cases<sup>1</sup> Past 6 months<sup>2</sup>



- Wild poliovirus type 1
- cVDPV type 2
- Endemic country

<sup>1</sup>Excludes viruses detected from environmental surveillance

<sup>2</sup>Onset of paralysis 29 May 2017 – 28 November 2017

Country	Onset of most recent WPV1 case	Number of WPV1 cases		Number of WPV1 infected districts		cVDPV current 6 months
		Current <sup>2</sup>	Same period last year <sup>3</sup>	Current <sup>2</sup>	Same period last year <sup>3</sup>	Number of cases
Nigeria	NA	0	4	0	3	0
DRC	NA	0	0	0	0	5
<b>AFR</b>		<b>0</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>5</b>
Pakistan	21-Aug-17	3	7	3	5	0
Afghanistan	05-Nov-17	7	7	4	2	0
Syria	NA	0	0	0	0	46
<b>EMR</b>	<b>05-Nov-17</b>	<b>10</b>	<b>14</b>	<b>7</b>	<b>7</b>	<b>46</b>
<b>Global</b>	<b>05-Nov-17</b>	<b>10</b>	<b>18</b>	<b>7</b>	<b>10</b>	<b>51</b>

<sup>2</sup>Current rolling 6 months: 29 May 2017 – 28 November 2017

<sup>3</sup>Same period previous year: data reported from 29 May 2016

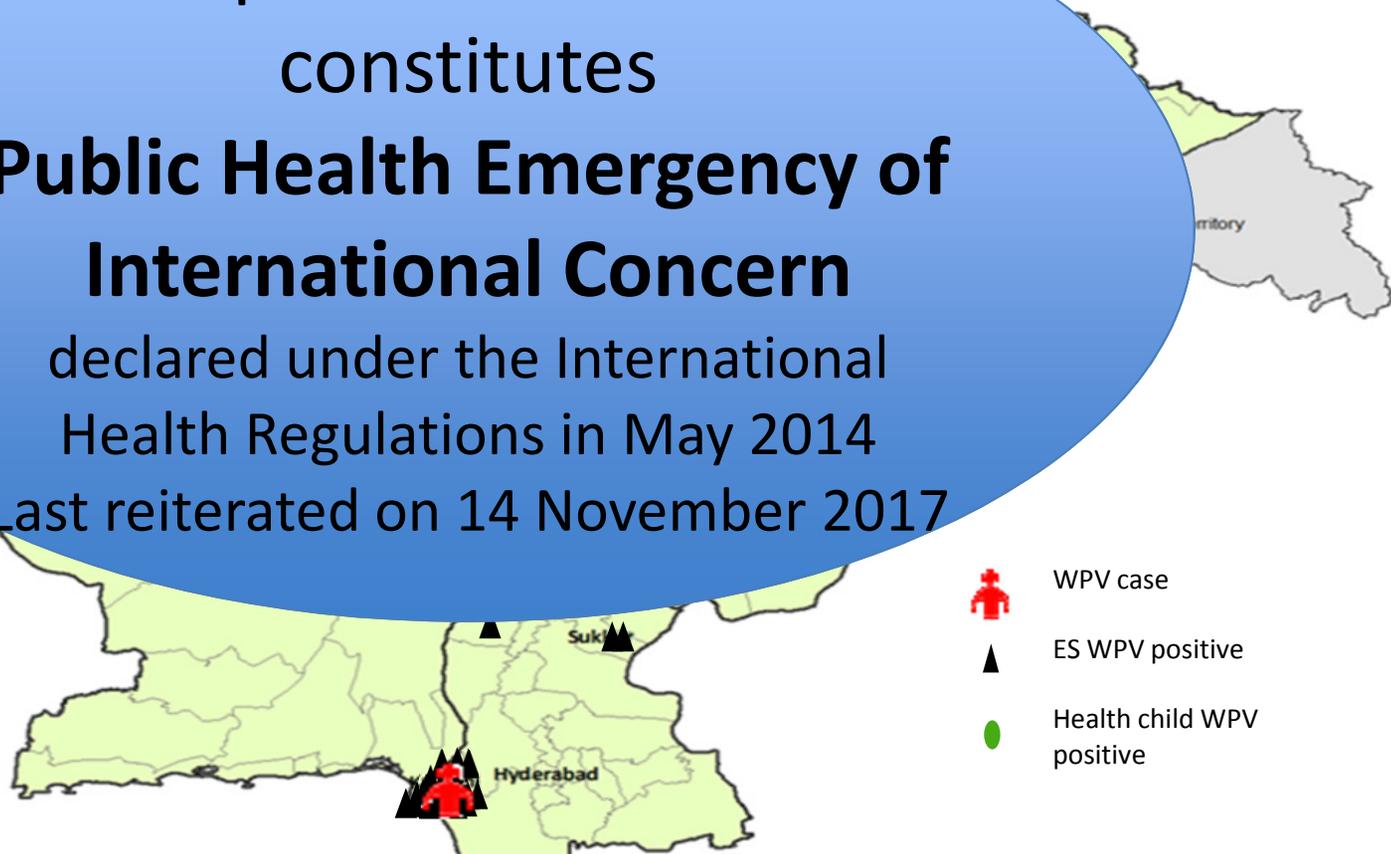
# Few cases but continued virus detection through environmental sampling

Risk of poliovirus circulation constitutes

**Public Health Emergency of International Concern**

declared under the International Health Regulations in May 2014

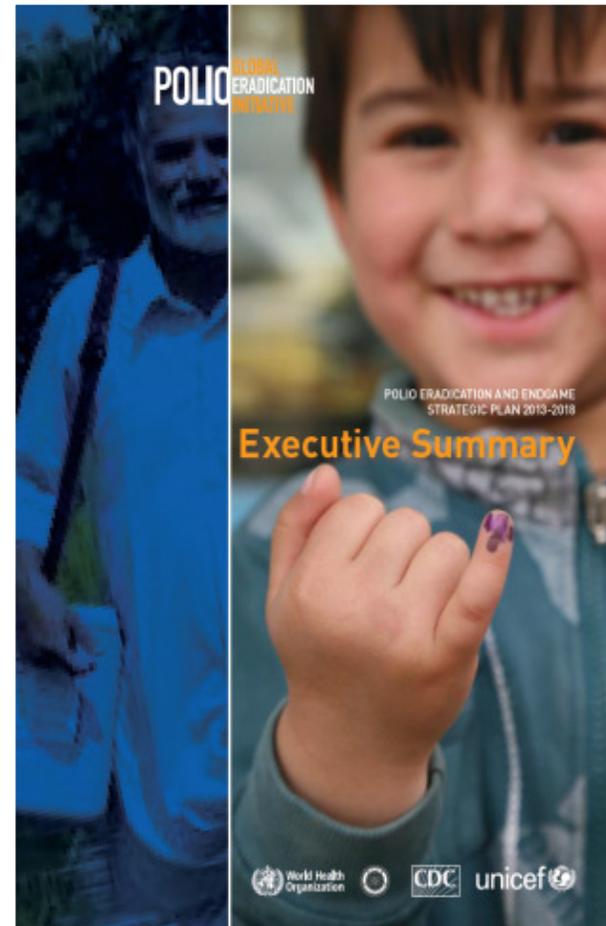
Last reiterated on 14 November 2017



Wild Polio Virus Type 1 (WPV1) cases + Environmental Sample Positives, 2017

# Polio Eradication and Endgame Strategy

1. Poliovirus detection & interruption
2. OPV2 withdrawal, IPV introduction, immunization system strengthening
3. Containment & Global Certification
4. Transition Planning



# 1. Poliovirus detection & interruption

## Where are we ?

### Progress

- ½ Reduction in cases (16 vs 34)
- 5 cases in Pakistan (18 in 2016)
- Improved population immunity against type 1 in Pakistan and Afghanistan
- No new case or virus in Nigeria or Lake Chad for >14 months
- Effective outbreak response mechanism in place with mOPV2 deployment

### Challenges

- Continued circulation of wild polio virus
- Widespread positive environmental isolates in Pakistan
- 11 Cases in Afghanistan, (12 in 2016)
- > 200,000 inaccessible children in Borno
- Large cVDPV2 outbreaks in Syria and DRC
- Concerning detection of vCDPV2 in environmental sampling in Somalia



# What we are doing to ensure we interrupt transmission?

## 1. Surge to support the Pakistan and Afghanistan NEAPs

- WHO, UNICEF, CDC, BMGF deploying experienced staff for extended periods of time, through the low transmission season
- Focus on hot spots where transmission continues (Karachi and across Northern and Southern Corridors)
- Rapid response (investigation and immunization) to any case or environmental positive sample

## 2. Intensified support to Nigeria and Lake Chad

- Lake Chad Task Force strengthened and regular monitoring by RDs (WHO/AFRO and UNICEF/WCARO)
- Focus on accessing and vaccinating in Lake Chad islands, markets, IDP camps, nomadic groups and at international borders
- Intensified surveillance with a focus on identified gaps (transport of stool specimen)
- Innovations in surveillance : AVADAR (mobile reporting of AFP cases) and GIS mapping of settlements and facilities

# What we are doing to ensure we interrupt transmission (cont.) ?

## 3. Aggressive and rapid response to all cVDPV outbreaks

### Syria:

- 70 cases since 3 March In Deir Ez Zoor, Raqqa and Homs
- Extremely difficult environment to operate
- 2 rounds of vaccination already conducted in Deir ez Zoor and Raqqa
- mOPV2 being prepositioned in case of need to expand the response

### DRC

- 10 cases (Maniema, Haut Lomami and Tanganika)
- Haut Lomami virus has circulated to Ankoro, Tanganika
- 2 response rounds already conducted and 2 more underway

### Somalia

- cVDVP 2 detected in environmental sampling in Mogadishu
- Genetic sequence indicates long undetected circulation
- mOPV2 released for 2 rounds of campaign later this months and in January

# What we are doing to ensure we interrupt transmission (cont.)?

Strategic communication to reduce missed children, resolve refusals, create demand



# What we are doing to ensure we interrupt transmission (cont.)?

**Nigeria: Volunteer Community Mobilizers' Network (VCM) tracking/ vaccinating zero dose newborns**



**Newborns getting OPV0 dose by or with the support of VCMs – Aug 2016 – Aug 2017**

**523,000**  
Newborns tracked by VCMs

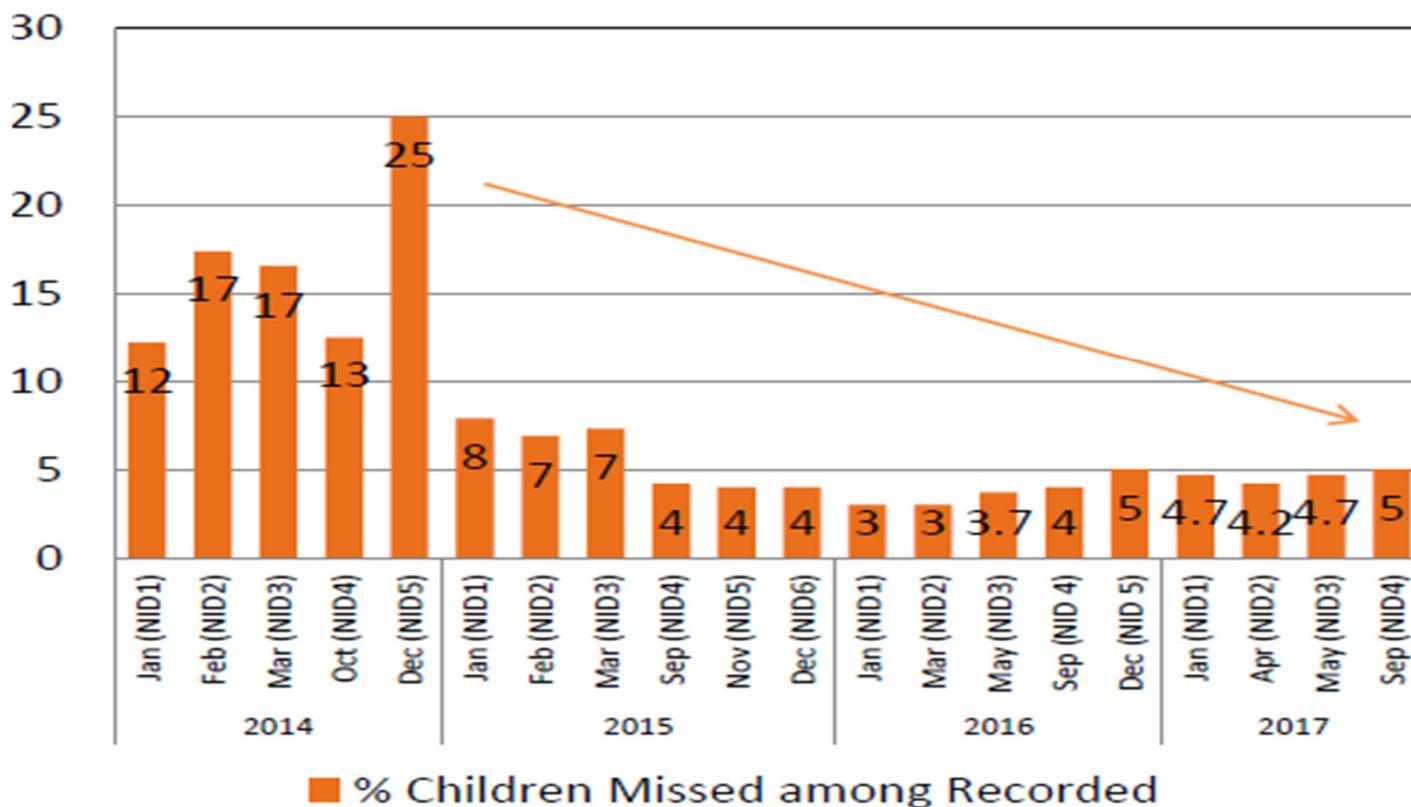
**488,000**  
(93%)  
Were given Zero Dose

# What we are doing to ensure we interrupt transmission (cont.)?



## Pakistan: Community Based Vaccinators reducing missed children

Recorded Missed Children during SIA



## 2. OPV withdrawal, IPV introduction, immunization system strengthening

### Where are we ?

#### Progress

- Very successful Switch
- Excellent collaboration with EPI and GAVI
- Early investment in research on fIPV has proven critical (SEAR, Americas)
- IPV supply improving
- Positive impact of Switch on VAPP (e.g. India)

#### Challenges

- Post Switch tOPV in India, Nigeria and other countries
- Global shortage of IPV affects 35 countries
- Routine immunization weak in many countries, including endemics
- Maniema (DRC) cVDPV2 outbreak



## What we are doing to ensure IPV access and RI strengthening?

1. With supply improvements, IPV offered to all countries for introduction by end of March 2018
2. All NEAPs contain a specific focus for strong linkages and accountabilities for RI by PEI funded staff
3. Close collaboration with EPI to support countries adopting a fIPV schedule
4. Policy recommendations on future IPV schedules for both countries and manufacturers
5. Collaboration with Gavi to secure affordable and sufficient supply for the next tender period (2019-2021)



# 3. Containment & Global Certification

## Where are we ?

### Challenges

- Slow progress with containment
- Too many countries want to maintain poliovirus in too many facilities (PEFs)
- Numerous unresolved technical issues
- GAP III challenged as the goal to be achieved
- Remaining gaps in surveillance in a range of countries
- Declining performance of surveillance in long time polio free areas
- Definition of eradication a topic of debate (WPV vs VDPV)

### Progress

- Momentum now created with containment work
- Governance in place (CAG, GCC and CWG) to address technical, strategic issues and oversight of progress
- Containment Certification scheme in place
- First National Authority for Containment officially nominated (Sweden)
- Possible WHA resolution on containment to raise awareness to risks
- Detailed workplan for the Global Certification Commission for next 3 years

# What we are doing to ensure containment and certification are on target?

1. The Containment Advisory group Reports to WHO DG
  - address technical issues (adjustments to GAP III, potentially infectious materials, etc.)
2. Recommendations on the production of polio vaccines (TRS 926 ) to be revised by Expert Committee on Biological Standardization (October 2018)
3. Comprehensive GPEI workplan on surveillance to identify gaps and provide technical assistance to address them
4. WHA resolution on Containment to accelerate the nomination of NACs and submission of certificates
5. Alignment on the definition of Certification and next steps across all committees concerned (GCC, SAGE, CAG and IMB)

# 4. Transition Planning

## Where are we ?

### Challenges

- Very complex area with many perspectives and diverging positions
- Lack of engagement from non-polio partners
- Slow progress overall and much anxiety
- Very high risk for some countries
- Other transition processes also underway (Gavi, Global Fund)

### Progress

- Now High level of visibility and interest
- TIMB established
- WHO team established under ADG s.i., to develop strategic action plan
- SEA countries process well underway
- Clarity on essential functions post Eradication (PCS)
- Internal GPEI partners review of respective roles in implementing the PCS

# What we are doing to ensure a smooth GPEI ramp-down?

1. Definition of the objectives of transition : Essential functions required to sustain a polio free world defined in the Post Certification Strategy
2. Extensive consultation in the development of the PCS – going to WHO governing bodies in 2018
3. GPEI partner agencies ensuring internal plans are in place and responsibilities defined for PCS implementation
4. Agency transitions plans being developed
5. WHO team established under ADG s.i to develop strategic action plan
6. Possible collaboration with other transition efforts as appropriate (Gavi, Global Fund, world Bank GFF)



# Priorities for the next six months

- 1. Interrupt transmission**
- 2. Interrupt transmission**
- 3. Interrupt transmission**

## Priorities for the next six months, con't

2. End outbreaks in DRC, Syria, Somalia
3. Support implementation/follow up of OBRA recommendations (Nigeria, Lake Chad and DRC)

# We are all part of an Extraordinary Undertaking

## Polio will be eradicated!

Everyone's contributions count ...  
to reach Every Last Child!